



**Municipal Fire & Police
Civil Service Board**

City of Baton Rouge
Parish of East Baton Rouge

Post Office Box 1471
Baton Rouge, Louisiana
70821

225/389-5449

POSTING DATES of NOTICE:

April 14, 2020 - May 14, 2020

NOTICE of COMPETITIVE EXAMINATION

FIREFIGHTER

An examination will be conducted on a competitive basis to approve applicants for the purpose of placing names on the competitive employment list in accordance with the provisions of the Municipal Fire & Police Civil Service and the rules of the Baton Rouge Civil Service Board.

Application and Study Guide for this Competitive Examination are available at:

www.ose.louisiana.gov

* Open the Segment labeled Competitive Applicants

Submit Application and required attachments to: pstobaugh@brla.gov
or contact Penny Stobaugh @ (225) 241-5409

- A copy of the applicants valid drivers' license
- A copy of the applicants birth certificate or passport
- A copy of the applicants diploma or transcript

OR mail application and required attachments to:

MUNICIPAL FIRE & POLICE CIVIL SERVICE BOARD

1755 Florida Boulevard, Room 118
Baton Rouge, Louisiana 70802

DATE /TIME:

TBD

LOCATION:

TBD

DEADLINE: Submit application and required attachments no later than **May 14, 2020**

QUALIFICATION REQUIREMENTS:

Unless otherwise specified, all requirements listed below must be met by the filing deadline for admission to the examination.

The applicant must meet all requirements of the Municipal Fire and Police Civil Service Law, including being a citizen of the United States and passing a civil service examination for the position.

Before appointment, the applicant must pass a medical examination and a physical agility test designed to show good health and the physical abilities necessary to perform the duties of the position.

The applicant must not be less than eighteen (18) nor more than thirty-five (35) years of age.

The applicant must possess a valid driver's license.

The applicant must possess one of the following: a high school diploma, a high school equivalency certificate, a high school transcript, an affidavit from the issuing high school, an associate's degree, a bachelor's degree or college transcript, any one of which must indicate that graduation has occurred or a degree has been awarded. Any Louisiana applicant who presents a home study diploma shall submit necessary documentation indicating Louisiana Board of Elementary and Secondary Education (BESE) approval of the home study curriculum. Non-Louisiana applicants shall be required to present proof of completion of a high school curriculum which has been accredited by the applicant's state, or its state-approved agency. A certification of completion will not be sufficient to substitute for a diploma or equivalency certificate.

As a condition of the working test period, a probational Firefighter must attain **and maintain** EMT certification (**National** certified - initial training for this requirement will be included in on-the-job rookie firefighter training). All persons hired in the position of Firefighter on or after 08/16/1995 must maintain a National EMT Certification during all times while serving in the position of Firefighter.

Robert J. Moruzzi

Robert J. Moruzzi, *Chairman*

APPLICATION for COMPETITIVE EXAMINATION
BATON ROUGE MUNICIPAL FIRE AND POLICE CIVIL SERVICE BOARD

For more information: www.ose.louisiana.gov /Testing and Employment

PRINT OR TYPE! ANSWER ALL THE SEGMENTS AND ATTACH ALL THE REQUIRED DOCUMENTS TO THIS APPLICATION.

<u>FIRST NAME:</u>	<u>MIDDLE INITIAL:</u>	<u>LAST NAME:</u>	
<u>STREET ADDRESS or P.O. BOX NO:</u>	<u>CITY:</u>	<u>STATE:</u>	<u>ZIP CODE:</u>
<u>CONTACT PHONE NUMBER (WITH AREA CODE):</u> ()		<u>EMAIL ADDRESS:</u>	
<u>SOCIAL SECURITY NUMBER:</u>		<u>DATE OF BIRTH:</u> MONTH/DATE/YEAR:	
<u>ARE YOU A CITIZEN OF THE UNITED STATES?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO		<u>DRIVER'S LICENSE NO:</u> _____ <u>EXPIRATION DATE:</u> _____	

APPLYING TO TAKE AN EXAM? Y__ N__ / TRANSFERING A SCORE INTO BATON ROUGE? Y__ N__ (DO NOT leave this blank!)
Which exam are you applying to take? / Which exam have you already taken?

RACE/GENDER	
The Federal government requires that we request the following race and gender information for statistical reporting purposes.	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____

SPECIAL INSTRUCTIONS FOR DOCUMENTS YOU MUST ATTACH

In accordance with civil service law you must be a citizen of the United States, and of legal age. In addition to these requirements, the local municipal fire and police civil service board in each jurisdiction has adopted its own qualification requirements for each of its competitive classes. Therefore, you must attach the necessary documentation to verify that you meet all the requirements of the civil service board to which you are applying.

You must attach a copy of the following documents:

Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certificate of Naturalization).

Proof that you meet the age requirement of the civil service board (Birth Certificate, Driver's License).

Proof that you meet the education requirement (HS or College Diploma/Transcript, HiSET, GED, or Home Study Diploma).

Proof that you have a valid driver's license (this is a requirement of the civil service board).

Proof that you meet all other requirements as posted by the civil service board.

AUTHORITY FOR RELEASE OF INFORMATION

I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.

I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.

<u>DATE:</u>	<u>SIGNATURE:</u>
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BACKGROUND INFORMATION

1. WITHIN THE PAST 5 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNED IN LIEU OF TERMINATION, FROM ANY POSITION FOR REASONS OTHER THAN A REDUCTION IN FORCE?

☐ YES ☐ NO

NOTE: IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK PROVIDED BELOW.

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ YES ☐ NO

3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?

☐ YES ☐ NO

NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.

EXPLANATION. PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

TRAINING/EDUCATION

A. HIGH SCHOOL

☐ DIPLOMA OR EQUIVALENCY CERTIFICATE

DATE RECEIVED: _____

☐ DID NOT GRADUATE, BUT COMPLETED GRADE: _____

NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:

B. COLLEGE

NAME OF COLLEGE OR UNIVERSITY/LOCATION

YEARS
ATTENDED

CREDIT
HOURS
EARNED

DEGREE(S)
RECEIVED

DATE OF
DEGREE

MAJOR

C. OTHER FORMAL TRAINING (BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS
TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES			
PLEASE LIST BELOW ANY PROFESSIONAL LICENSES OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.			
(ATTACH ADDITIONAL PAGES IF NECESSARY)	NO. 1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			
LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS			
IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY COMPUTER PROGRAMS (SOFTWARE) WITH WHICH YOU HAVE A WORKING KNOWLEDGE:			
TYPING ABILITY: _____ WPM			

VETERAN'S PREFERENCE
<p>Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces during a war, or in a peacetime campaign or expedition for which a campaign badge has been authorized, including the following wartime periods: 06/27/50 - 01/31/55 (Korean Conflict); during the period of more than 180 consecutive days, any part of which occurred between 01/31/55 and 10/15/76 (including the Vietnam era), not including active duty for training in Reserves or National Guard; and from 08/02/90 - 01/02/92 (Gulf War). If your service began after October 15, 1976, you must have received a Campaign Badge, or Expeditionary Medal. Campaigns or expeditions for which such medals have been authorized include El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia and Herzegovina. Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and have not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. Note: If your DD-214 does not provide proof of entitlement for preference, you must obtain an amended DD-214 or other written documentation showing award of Armed Forces Expeditionary Medal.</p> <p>Should you wish to receive the veteran's preference points, check the space provided and <u>attach a copy of your DD-214</u> which verifies your qualification to receive preference.</p> <p><input type="checkbox"/> I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 OR OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES</p>

REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

- ☐ I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability): _____

REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION: in order for this civil service board to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of your functional limitations.
What accommodations are you requesting?

- ☐ Extra Time ☐ Reader ☐ Private Room ☐ Scribe ☐ Other: _____

WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

NAME AND COMPLETE ADDRESS OF EMPLOYER				TYPE BUSINESS		
				TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM: TO: MO. DAY YR. MO. DAY YR.			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED			

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS										
						TITLE OF YOUR POSITION										
DATES OF EMPLOYMENT FROM: <table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YR.</td> <td>TO:</td> <td>MO.</td> <td>DAY</td> <td>YR.</td> </tr> </table>						MO.	DAY	YR.	TO:	MO.	DAY	YR.	WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
MO.	DAY	YR.	TO:	MO.	DAY	YR.										
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DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

FOR USE OF CIVIL SERVICE BOARD MEMBERS ONLY

- VERIFICATION THAT APPLICANT MEETS THE REQUIREMENTS -

- ☐ U.S. Citizen
- ☐ Age _____
- ☐ Education _____
- ☐ Driver's License
- ☐ 5-Point Veteran Preference